SKIDMORE COLLEGE
BLOOD-BORNE PATHOGEN EXPOSURE CONTROL PLAN

INTRODUCTION

Since March of 1992, OSHA has required that all employers with employees potentially exposed to blood-borne pathogens implement an exposure control plan. The purpose of this plan is to identify employees at risk of occupational exposure to blood-borne pathogens and implement control measures designed to decrease these risks.

The OSHA standard also requires the plan to include measures containing the following information:

1. An exposure determination list. This list includes all job classifications where employees have occupational exposure to blood-borne pathogens.

2. The schedule and method used to implement all provisions of the standard.

3. The procedure for evaluating exposure incidents and the procedures used to evaluate post exposure incidents.

The plan must be available to all employees and be reviewed on an annual basis. This information will be maintained in Health Services, Human Resources, Facilities Services and areas where there are employees with occupational exposure to blood-borne pathogens.

Skidmore College Health Services produced this Exposure Control Plan. We gratefully acknowledge support of Human Resources and Business Services in the development of the plan.

GLOSSARY

These standard definitions, as defined by OSHA, apply at Skidmore College

Blood: Human blood and blood components.

Blood-borne Pathogens: Microorganisms present in human blood which may cause disease in humans.

Body Substance Isolation: The infection control practices in place at Skidmore College further defined in this manual.

Clinical Laboratory: A work place where diagnostic and screening procedures are performed on blood or other potentially infectious material.

Contaminated: The presence or the reasonably anticipated presence of blood or potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry which has been soiled by blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to needles, broken glass, and capillary tubes.

Decontamination: Physical or chemical means of removing or inactivating blood-borne pathogens to the point where they are considered safe for handling, use or disposal.

Engineering Controls: e.g., sharps container and self-sheathing needles that isolate or remove blood-borne pathogen hazards from the work place.

Exposure Control Plan: A written established plan designed to eliminate or minimize exposure. This plan shall include: the determination of exposure, the method of post vaccination follow up, communication of hazards with employees and record keeping. This information is available to any employee upon request, and will be reviewed/revised annually.

Exposure Determination: List of all job classifications which have occupational exposure.

Exposure Incident: Specific eye, mouth, other mucus membrane, non intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee duties.

HBV = Hepatitis B Virus

HIV = Human Immunodeficiency Virus

Occupational Exposure: Reasonably anticipated skin, eye and mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duty.

Parenteral Exposure: Piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts or abrasions.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered as protective equipment.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Items that are caked with dry blood or other potentially infectious materials and are capable of releasing these materials

during handling. Contaminated sharps; pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize: The use of physical or chemical procedure to destroy all microbial life including highly resistant endospores.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

EMPLOYEE JOB CLASSIFICATION AND EXPOSURE DETERMINATION

All job descriptions at Skidmore College with exposure risk have been classified according to risk of occupational exposure to blood-borne pathogens. These classifications are defined as follows:

CATEGORY A: This category includes all employees who have routine exposure to blood-borne pathogens, primarily Health Services and Campus Safety staff.

CATEGORY B: This category includes all employees who do not routinely have exposure to blood-borne pathogens but may, on occasion, perform tasks that involve potential exposure, primarily custodians, housekeepers and coaches.

CATEGORY C: This category includes all employees who do not have any occupational exposure to blood-borne pathogens, primarily faculty, administrators and support staff not identified in Category A or B.

Skidmore College has defined these classifications to include the various tasks within these categories where occupational exposure might occur. These tasks have been grouped as follows:

0. No occupational exposure.
1. Handling of contaminated linen/clothing.
2. Handling of contaminated sharps/blood gas analysis and venous access.
3. Handling of contaminated surgical instruments.
4. Cleaning of surfaces/equipment contaminated with body fluids.
5. Insertion of tubes or other equipment into body surfaces.
6. Handling/exposure of body fluids.
7. Wound care/dressing changes.
8. Responding to emergency situations.
9. Handling of contaminated trash.

Skidmore College has determined that any Category A or Category B positions will be treated as a Category A position for the purpose of employee training and identification of employees eligible for the administration of the Hepatitis B Vaccine. This is for safety purposes and may differ from the classification in place in the Human Resources Office.

JOB CLASSIFICATIONS WITH OCCUPATIONAL EXPOSURE

The following chart lists potential exposures and job classifications by department:

Department	Position	Tasks	Class
Campus Safety	Campus Safety Officer	1,7,8	A
	Director	1,7,8	A
	Sergeant	1,7,8	A
Custodial Operations	Custodian	1,4,9	B
	Housekeeper	1,4,9	B
Early Childhood Center	Director	1,4,8	B
	Teacher	1,4,8	B
Exercise Science and Athletics Department	Coach	1,8	B
	Equipment Manager	1,4	B
	Professors (Exercise Science)	1,2,5,8	B
	Teaching Associates (Exercise Sci.)	1,2,5,8	B
	Research Assistant (Exercise Sci.)	1,2,4,6	B
	Laboratory Assistant (Exercise Sci.)	1,2,4,6	B
	Trainer	1,3,4,6,7,8	A
Facilities Services	Supervisor	1,4,8,9	B
Greenberg Childcare Center	Director	1,4,8	B
	Teacher	1,4,8	B
	Teachers Assistant	1,4,8	B
Health Services	Administrative Assistant	8	B
	LPN	1 - 9	A
	Nurse	1 – 9	A
	Nurse Practitioner	1 – 9	A
	Physician	1 – 9	A
	Physician Assistant	1 – 9	A

REGULATED WASTE:

Regulated waste must be properly contained and disposed of so as not to become a means of transmission of disease to workers.

WHAT IS REGULATED WASTE: Regulated waste is defined as any waste capable of transmitting blood-borne pathogens.

The following wastes are determined to be regulated waste:

1. Liquid or semi-liquid blood or other potentially infectious material
2. Items contaminated with blood or other potentially infectious materials and which would release these substances in a liquid or semi-liquid state if compressed.
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
4. Contaminated sharps.
5. Pathological and microbiological wastes containing blood or other infectious material.

All regulated waste shall be bagged in sealed red bags and over-packed, on-site. The Skidmore College Hazardous Waste pick-up form must be completed and faxed to Facilities Services.

Regulated waste shall be handled using protective equipment. Any container used to transport this waste shall be marked with the bio-hazard symbol. These container shall be closable and leak proof on the sides and bottom as well as puncture resistant.

A secondary container must be used in situations where the outside of the first container becomes contaminated.

BIO-MEDICAL WASTE: Skidmore College recognizes that biomedical waste may also contain blood and other potentially infectious materials and follows the same procedure for handling, storing, and transporting this waste as for regulated waste.

Included in this category are:

Sharps
Outpatient waste
Emergency Accident waste

Responsibility for managing the regulated waste program rests primarily with Facilities Services, which collects, transports, and incinerates this waste.

For further information concerning management of waste, please refer to the Hazardous Waste Standard Operating Guidelines. This document is available at Campus Safety and Scribner Library.

METHODS OF COMPLIANCE

ENGINEERING CONTROLS: The following engineering controls have been adopted in an effort to decrease occupational risk to blood-borne pathogens.

1. System to isolate contaminated needles in a safe fashion.

   All needle disposal units at Skidmore College are made of rigid plastic which prevent needles from piercing through the container. These units are also leak proof. Disposal units are strategically placed to allow for disposal as quickly as possible. When impractical to install in direct patient care areas, smaller units are available to permit proper disposal (e.g., medical carts).

   These systems are inspected regularly and replaced when ¾ full. This further reduces the potential for accidental exposure due to overfill.

The Hazardous Waste Standard Operating Guidelines outline the procedures to be followed when handling contaminated sharps.

BIO-SAFETY CABINETS: These are in use where occupational exposure might occur. All microbiological and parasitic specimens are processed using these cabinets. Bio-safety cabinets are also used when specimens are separated and processed. Responsibility for the cabinets and appropriate documentation is maintained in the department where cabinets are used.

SAFE WORK PRACTICES: The following procedures must be followed by all employees with exposure to blood-borne pathogens.

HANDWASHING:

Hand washing is the single **MOST IMPORTANT** means of preventing the spread of infection. It is an important measure to decrease occupational exposure to blood-borne pathogens.

1. Use warm running water,
2. Use mild liquid soap.
3. Friction is the most important part of the hand washing procedure. Careful washing between the fingers is essential.
4. Hands are thoroughly rinsed while they are held downward.
5. Dry thoroughly with paper towel.
6. Turn water faucet off with paper towel. (This prevents re-contamination of the hands.)

HANDS SHOULD BE WASHED:

1. After touching any patient secretions, or any potentially infectious material.
2. Before leaving any isolation room.
3. Before performing any invasive procedure.
4. Before touching any immunosuppressed patient.
5. After performing personal bodily functions.

In the event that a sink is not available, hands may be washed with an antiseptic solution. If this method is used, hands must be washed with soap and water as soon as feasible.

Remember: Gloves are not a substitute for handwashing.

OTHER IMPORTANT INFECTION CONTROL MEASURES

1. Eating, drinking, smoking, applying cosmetics, lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
2. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood-borne or other potentially infectious materials are present.
3. All procedures involving blood–borne or other potentially infectious materials shall be performed in such a manner as to minimize splashing. Employees shall be trained in these techniques during the orientation period.

PERSONAL PROTECTIVE EQUIPMENT (PPE): The use of PPE may decrease occupational risk to blood borne pathogens. PPE is provided to employees at no cost and must be accessible in all areas where occupational exposure is possible.

GLOVES must be used when:

1. There is a likelihood of contact with blood or other body fluids.
2. During venous access procedures.
3. When there is contact with mucus membranes and non-intact skin.
4. When contaminated items/surfaces are handled.

DISPOSABLE GLOVES must be discarded when contaminated and may not be re-washed.

UTILITY GLOVES must be used to perform housekeeping activities when occupational exposure exists. These gloves may be decontaminated but must be disposed of when cracked or no longer intact. To decontaminate, the gloves will be washed with a college-approved disinfectant or a solution of diluted bleach (1:10), and dried.

MASKS, EYEWEAR AND FACE SHIELDS: Face and eye protection must be used when there is potential for splashing, spraying, spattering of blood or other potentially infectious materials into the eyes or mouth. Glasses must have rigid side shields in order to be considered PPE. When eyewear is worn as PPE, a mask must be used to protect the nose and mouth. IF face shields are selected, the shield must be worn with a mask when it does not seal at the chin.

GOWNS, APRONS OR LAB COATS:

All gowns or aprons selected as PPE must possess the following:

1. Adequately cover clothes.
2. Prevent blood or other fluid from reaching clothes or skin.

IF lab coats are used as PPE, these must be:

1. Laundered by the College.
2. Be adequate to the task to prevent contamination of clothes or skin.

If clothing becomes contaminated while on duty, the College shall launder this clothing free of charge for the employee. The employee shall be given a College-issued uniform to wear.

All employees shall be trained in the use of PPE at the time of employment, if applicable.

EMERGENCY MEDICAL CALLS: CARDIOPULMONARY RESUSCITATION (CPR)

In the event that CPR must be performed on a patient, the employee shall use a mechanical device designed to protect the employee from bodily fluid exposure. These ambu-bags are located in the emergency kit in Health Services.

DISTURBANCE CALLS:

All personnel who respond to disturbances shall be trained in appropriate measures designed to decrease injuries and minimize exposure to blood-borne pathogens. If an employee sustains a human bite during this time, this shall be considered a percutaneous exposure and all follow-up measures for exposure shall be instituted.

BIOHAZARD COMMUNICATIONS:

Biohazard labels and signs are used by Skidmore College to communicate hazards to employees. The biohazard label includes the universal biohazard symbol and is fluorescent orange or orange-red with lettering or symbols in a contrasting color. They are either an integral part of the container or located as close to the hazard as possible.

LABELS shall be affixed to:

1. Containers of regulated waste.

2. Refrigerators and freezers containing blood or other potentially infectious material, and other containers use to store, transport or ship blood or other potentially infectious material except for:

    - Red bags or red containers
    - Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion.
    - Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal.
    - Regulated waste that has been contaminated.
    - Laundry bags.

3. Labels required for contaminated equipment shall state which portions of the equipment remain contaminated.

SIGNS shall be posted at the entrance of work areas. Signs shall be fluorescent orange-red with letters and symbols in contrasting colors. The signs shall contain the following information.

- Name of the infectious agent
- Special requirements for entering the area
- Name and phone number of the responsible person

HAZARD COMMUNICATION TRAINING for employees shall take place at the time of hiring and annually thereafter.

HOUSEKEEPING:

Skidmore College strives to provide a work environment that is maintained as clean and free from potential exposure as possible. All agents used to decontaminate work areas are EPA approved and meet standards for deactivating the Hepatitis B and HIV viruses as well as the TB bacillus.

A detailed schedule for cleaning and decontamination is based upon the location within the facility, the degree of contamination present and the nature of the tasks being performed in each area. This schedule is maintained by the Supervisor of Custodial Services and is reviewed annually.

The following tasks may be performed by some employees at Skidmore College. All employees shall be trained to perform these tasks in such a way to decrease occupational exposure to blood borne pathogens.

DECONTAMINATION OF WORK SURFACES:

To prevent exposure of the employee to blood or other potentially infectious material remaining on a work surface from a previous procedure, all work surfaces must be decontaminated after completion of each procedure, when they are overly contaminated during a procedure, and at the end of the work shift. When procedures are performed continually throughout a shift, the work area should be decontaminated after each set of tasks is completed. The work area should be decontaminated if an employee leaves the area so that it does not present a source of contamination to other workers. Work surfaces in patient care areas do not need to be cleaned after each procedure unless that procedure results in contamination of the area.

EQUIPMENT:

All equipment shall be decontaminated immediately if contamination has occurred. Employees who perform this function shall be trained in the methods appropriate to the procedure.

TRASH RECEPTACLES:

Any reusable receptacles used for regulated waste shall be decontaminated weekly and immediately following any gross contamination. The containers shall be visibly inspected at the time of emptying, and decontaminated if soiled. Anti-bacterial soap and water shall be used for this procedure. Any employee who performs this function shall use personal protective equipment designed to prevent exposure. This procedure includes all receptacles used to hold contaminated items, even when a plastic liner is used.

BLOOD SPILLS;

Blood spills are of extreme concern for transmission of blood-borne pathogens. The following procedure must be followed by all employees who remove or disinfect a blood or bodily fluid spill.:

1. Gloves must be worn for the cleaning of any body fluid spills. Vinyl aprons must be worn for a large spill.

2. For small body fluid spills in rooms, corridors, etc., visible material should be removed and the area disinfected with a college approved disinfectant or a solution of diluted bleach (1:10).

3. For large bodily fluid spills in non-patient care areas, the contaminated area should be completely covered with paper towels and flooded with one of the above cleaning agents. Allow contact time for a minimum of ten minutes. Remove soiled paper towels and dispose of in a red bag for incineration. Wet mop area with a cleaning solution.

4. For large bodily fluid spills in patient care areas, the spill should be wiped up as soon as possible with paper towels, and the towels discarded in a red bag for incineration. Final clean up of the area should include disinfection of the contaminated surfaces using a solution of bleach (1:10), or hospital approved disinfectant providing for a contact time of at least 10 minutes to complete the disinfection process.

5. For bodily fluids spills containing glass, the glass is removed by sweeping with a counter brush and dustpan. Body fluid is then removed following proper procedure as stated above (Procedures 1-4). Equipment used to clean a body fluid is then disinfected using a solution of bleach (1:10), or a hospital approved disinfectant. All glass needs to be disposed of in a manner to prevent exposure to another employee

6. Dispose of protective equipment. Wash hands.

LAUNDRY: Contaminated laundry is defined as any laundry that may contain blood or other potentially infectious material. The following guidelines have been designed to decrease occupational exposure by means of contaminated linen:

1. Linen shall not be sorted or rinsed in patient care areas.

2. All personnel shall use protective equipment when handling all contaminated linen.

3. Only laundry bags that prevent soak through or leakage of fluid shall be used to contain soiled or contaminated laundry.

4. All laundry workers with exposure to contaminated laundry shall be trained in the following areas:

    - Proper method of handling contaminated linen
    - Method of selecting protective equipment.
    - Handling of contaminated sharps.

Standard sharps containers shall be located near laundry areas for disposal of all sharps found in contaminated linen.

COMPLIANCE MONITORING

All supervisors with employees covered by the OSHA blood-borne standard shall submit evidence of monitoring compliance, with adherence to the guidelines set forth in the Exposure Control Plan every six months. Included in these reports is documentation of follow up action taken by the supervisor. The supervisor, based on each individual situation, determines follow up action.

HEPATITIS B VACCINATION:

Skidmore College provides the Hepatitis B vaccine free of charge to all employees who have the potential for occupational exposure during the course of performing their duties. These vaccinations are performed under the supervision of the Director of Health Services. All employees who are eligible for the vaccine are trained on the provisions of this standard and are offered the vaccine within ten (10) days of employment.

Skidmore College does not offer the vaccine to new employees who have previously received the vaccine series, if antibody testing reveals the employee is immune, or for those employees for whom the vaccine is contraindicated. When the vaccine is not given for these reasons, there will be documentation provided in the employee's medical record.

All employees who choose to receive the Hepatitis B vaccine must sign an informed consent explaining the benefits derived from the vaccine. Any employee who declines the Hepatitis B vaccine must sign the declination statement at the bottom of the form. At this time the employee will be counseled as to the risks of refusal. If at any future time the employee decides to be vaccinated, the vaccine will be administered at no cost to the employee. All employees who refuse vaccination will be reminded annually and re-offered vaccination.

ADMINISTRATION OF THE VACCINE:

The Hepatitis B Vaccine will be administered according to the United States Public Health Standards. If in the future these standards require routine booster doses, these shall be offered to all employees with occupational exposure as required by the guidelines. Under current public health guidelines, routine post vaccination testing is not required and is not part of our Hepatitis B Vaccination program.

RECORD KEEPING

Employees of the College shall have a written opinion from the evaluating health care practitioner on the need for vaccination. A copy of this information shall be kept in the medical record on file at the Health Service.

EXPOSURE INCIDENT

An exposure incident is defined as "specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties".

THE FOLLOWING STEPS ARE TO BE TAKEN AFTER EACH EXPOSURE INCIDENT:

1. Employee will be administered first aid.

2. Each incident is to be reported to the supervisor immediately.

3. The supervisor and the employee will complete an Incident Report as soon as possible after the exposure incident.

4. Each incident is to be evaluated by a licensed health care professional. At Skidmore College, the health care professionals are in the Corporate Health Services Program, located at Wilton Medical Arts. Once it has been determined that an exposure has occurred, Corporate Health Services will determine the necessary follow up. For non-unionized employees, their primary care provider may serve as this health care professional.

5. When the source individual is known, the source individual's blood may be tested for the Hepatitis B virus. The individual may also be tested for HIV once informed consent has been obtained. If consent cannot be obtained from the source individual, and the employee requests that HIV testing be performed, Skidmore College will assist the employee to whatever the degree necessary to obtain consent. In this event, state regulatory procedures shall be followed. The result of any evaluation is part of the employee's medical record. The employee shall be given information pertinent to the source individual as needed to make an informed decision concerning appropriate follow up measures.

6. When appropriate, the exposed employee's blood will be tested for Hepatitis B and for HIV. The Corporate Health Services will provide the test results to the exposed employee and provide counseling as medically indicated, including referral to an infectious disease specialist, if indicated.

POST EXPOSURE VACCINATION FOLLOW UP

A confidential post exposure medical follow up is performed after each exposure incident. This follow up is provided under the direction of a licensed health care professional according to the public health service guidelines.

All employees who have an exposure as previously defined must complete an incident report. This report must be evaluated and signed by the employee's supervisor. If indicated, the employee will receive further training to

correct any problems detected through the incident. The incident report shall be forwarded to Human Resources, Health Services and Corporate Health Services at Wilton Medical Arts.

In order to perform appropriate follow up, the health care professional responsible for the follow up shall be provided with the following information:

- A copy of the standard.
- A description of the employee's duties as they relate to the incident.
- Documentation of the route of exposure and circumstance under which the exposure occurred.
- Results of source individuals blood testing, if available.
- Medical records relevant to the treatment of the employee, including vaccination status.

The employer and employee should be provided with a written post-exposure evaluation opinion within fifteen (15) days after the completion of the evaluation. This documentation will include the results of the medical evaluation and any medical conditions which may arise from the exposure that may require further treatment. A copy of this report will be kept in the employee medical record, in Human Resources.

All needle stick and other exposure incidents that result in medical treatment and follow up shall be documented on the OSHA 200 Log. All identifying information pertaining to blood-borne pathogens are removed prior to granting public access to the records.

MEDICAL RECORDS

Skidmore College will maintain confidential medical records on all employees with occupational exposure for the duration of their employment and an additional thirty (30) years. All employee medical records are maintained as confidential records, and as such will not be disclosed without written consent, unless required by law.

All medical records shall include at a minimum the following information:

1. The name and social security number for the employee.
2. All information pertinent to Hepatitis B status and vaccination.
3. A copy of all results, examinations, medical testing, and follow up.
4. A copy of the information provided to the professional.

EMPLOYEE TRAINING:

Specific information and training about occupational hazards and required protective measures will be provided to all employees with occupational exposure. New employees with occupational exposure will receive training at the time of initial employment. These employees shall be trained prior to being placed in positions where occupational exposure may occur. Retraining on an annual basis is required. Provision will be made to provide training by a qualified trainer whenever a change in an employee's responsibilities, procedures, or work situation is such that an occupational exposure risk is affected.

Training will be provided by an individual or individuals who is/are knowledgeable in the subject matter at no cost to the employee, during work hours, and at a location reasonably accessible to the employee. The training will be appropriate in content, language, and vocabulary to the educational, literacy, and language background of the employee. The training will include:

- An accessible copy of the regulatory text of the standard.
- A general description of the epidemiology and symptoms of the blood-borne pathogens.
- An explanation of the modes of transmission of blood-borne pathogens.
- An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods of recognizing risks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitation of methods that will prevent or reduce exposure including personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate action to take and the person to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow up that will be made available.
- Information on the post exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color-coding used to identify hazards.
- An opportunity for interactive questions and answers with the person(s) conducting the training.

Written training records will be kept in the Health Services office for three (3) years. These records will include:

- The dates of the training sessions.
- The contents or the summary of the training.
- The names and qualifications of the person conducting the training sessions.